

FATHERLY FEELINGS ABOUT CHILD HOSPITALIZATION IN A NEONATAL UNIT

SENTIMENTOS PATERNOS ACERCA DA HOSPITALIZAÇÃO DO FILHO EM UNIDADE DE INTERNAÇÃO NEONATAL

SENTIMIENTOS PATERNOS SOBRE LA HOSPITALIZACIÓN DEL PROPIO HIJO EN LA UNIDAD DE HOSPITALIZACIÓN NEONATAL

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ABSTRACT

Introduction: the participation of men as parents is also very important for the development of the newborn, especially when he is hospitalized. Therefore, the father must also have his needs understood and assisted in the context of neonatal care. **Objective:** to describe the father's feelings about the child's hospitalization in a neonatal intensive care unit. **Method:** this is an exploratory and descriptive study with a qualitative approach, developed in a neonatal unit of a public teaching hospital. The participants were fathers of the hospitalized newborns. Data collection took place through semi-structured interviews, carried out individually in a private location. The interviews were recorded, transcribed and analyzed according to content analysis proposed by Minayo. The Research Ethics Committee of the *Universidade Estadual de Campinas - Unicamp* approved the study under Opinion No. 1,387,229, CAAE: 50873215.9.0000.5404. **Results:** we conducted an interview with 21 parents, aged between 18 and 49 years old. Three thematic categories emerged from the parents' speeches: a) fatherly feelings; b) hospitalization as an arduous experience; c) coping with hospitalization through faith. The fathers demanded support throughout their child's hospitalization experience as much as mothers do. The results show that they also experience difficulties and do not know how to deal with them while trying to support their son, wife, and family. **Final considerations:** intentional and directed care for fathers can mitigate negative feelings and favor the positive ones that emerged in the speeches of the fathers in this study, such as love, joy, and gratitude.

Keywords: Fathers; Infant, Newborn; Intensive Care Units, Neonatal.

RESUMO

Introdução: a participação dos homens, como pais, também é muito importante para desenvolvimento do recém-nascido, especialmente quando ele é hospitalizado. Para tanto, o pai também deve ter suas necessidades compreendidas e assistidas no contexto da assistência neonatal. **Objetivo:** descrever os sentimentos paternos acerca da hospitalização do filho em unidade de terapia intensiva neonatal. **Método:** trata-se de estudo exploratório e descritivo, com abordagem qualitativa, que foi desenvolvido em uma unidade neonatal de um hospital público de ensino. Os sujeitos foram pais de recém-nascidos hospitalizados. A coleta de dados ocorreu por meio de entrevista semiestruturada, realizada individualmente em local privativo. As entrevistas foram gravadas, transcritas e analisadas segundo análise de conteúdo proposta por Minayo. O estudo foi aprovado pelo Comitê de Ética em Pesquisa da Universidade Estadual de Campinas, sob o Parecer nº 1.387.229, CAAE: 50873215.9.0000.5404. **Resultados:** realizou-se entrevista com 21 pais, com idades que variaram de 18 a 49 anos. Dos discursos dos pais emergiram três categorias temáticas: a) sentimentos paternos; b) hospitalização como experiência árdua; c) enfrentamento da hospitalização por meio da fé. Os pais demandam suporte e apoio ao longo da experiência de hospitalização do filho tanto quanto as mães. Os resultados denotam que eles também vivenciam dificuldades e não sabem como lidar com elas, enquanto tentam dar suporte ao filho, mulher e família. **Considerações finais:** o cuidado intencional e direcionado aos pais poderá atenuar

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sentimentos negativos e favorecer os positivos que emergiram nos discursos dos pais do presente estudo, como amor, alegria e gratidão.

Palavras-chave: Pai; Recém-nascido; Unidades de Terapia Intensiva Neonatal.

RESUMEN

Introducción: la participación del hombre, como padre, es muy importante para el desarrollo del recién nacido, especialmente cuando el propio niño está hospitalizado. Por lo tanto, deben tenerse en cuenta sus sentimientos dentro del contexto de atención neonatal. **Objetivo:** describir los sentimientos del padre sobre la hospitalización del propio niño en la unidad de cuidados intensivos neonatales. **Método:** estudio exploratorio descriptivo de enfoque cualitativo, desarrollado en la unidad neonatal de un hospital escuela público. Los sujetos eran los padres de recién nacidos hospitalizados. La recogida de datos se llevó a cabo a través de una entrevista semiestructurada individual a cada padre realizada en un lugar privado. Las entrevistas fueron grabadas, transcritas y analizadas de acuerdo con el análisis de contenido propuesto por Minayo. El estudio fue aprobado por el Comité de Ética en Investigación de la Universidad Estatal de Campinas, bajo el dictamen No. 1,387,229, CAAE: 50873215.9.0000.5404. **Resultados:** se realizó una entrevista a cada uno de los 21 padres, con edades entre 18 y 49 años. De los discursos de los padres surgieron tres categorías temáticas: a) los sentimientos paternos; b) la hospitalización como una ardua experiencia; c) el hacer frente a la hospitalización a través de la fe. Los padres precisan apoyo y respaldo durante la experiencia de hospitalización de sus hijos, tanto como las madres. Los resultados muestran que también sienten dificultades y no saben cómo manejarlas, mientras tratan de brindar apoyo al hijo, a la mujer y a la familia. **Consideraciones finales:** la atención intencional dirigida a los padres podría mitigar los sentimientos negativos y favorecer los positivos que surgieron en sus discursos tales como amor, alegría y gratitud.

Palabras clave: Padre; Recién Nacido; Unidades de Cuidado Intensivo Neonatal.

INTRODUCTION

The neonatal intensive care unit (NICU) is a place for treating complications of childbirth and birth, and also for prematurity, anomalies or congenital malformations, among other conditions that negatively influence the health status of the newborn (NB) and put their life at risk.^{1,2}

Even the technological advances have been a fundamental ally for the survival of high-risk newborns, the NICU environment can be frightening for parents and iatrogenic for the patients.^{1,2} However, the presence of parents is as important as the care provided for the team. In this context, the idealization and image of the perfect newborn need to make available the reality of a weakened and/or at risk of death, which makes hospitalization of the newborn a very traumatic event for parents and family members.³

Since pregnancy, some women have tended to take full responsibility for their child, which may be something

unconscious, a desire of their own or a social imposition. This can be seen during the hospitalization of a child: women are those who spend a great time in the NICU when compared to their partners. Thus, for personal, cultural and/or social reasons, women have a more frequent presence in the NICU than men.^{4,5} However, the participation of men as fathers is also very important for the development of the NB, family bond and support for the mother. Therefore, the father must also have his needs understood and assisted in the context of neonatal care.^{4,5}

Although there has been an increase, there are still few studies involving the man's experience as a father in the NICU, so it is relevant to investigate his feelings and unveil factors and subjectivity that lead him to not be as present as the mother with the hospitalized child. In this study, the feeling is understood as the psychological state or condition and its manifestations, coming from affection or aversion, being an intimate perception that is derived from aptitude and willingness to be impressed, perceive, appreciate something and/or be touched.⁶

Knowing the fathers' feelings offers subsidies for interventions that favor them in the child's hospitalization process, considering their needs, and the importance of the paternal role for the establishment of the family bond and for the clinical evolution of the NB.

OBJECTIVE

To describe the father's feelings about the child's hospitalization in a neonatal intensive care unit.

MATERIALS AND METHOD

This is exploratory and descriptive research with a qualitative approach⁷ carried out in a NICU with regionalized care, inserted in a public hospital in the interior of the state of São Paulo for health care, teaching and research, from March to September 2018. The neonatal unit, with a total of 30 beds divided into intensive and semi-intensive care, adopts the policy of humanizing care, favoring contact between parents and children.

The research participants were fathers of newborns hospitalized in the NICU, over 18 years old, whose partners experienced high-risk pregnancies and who were sent to the unit since prenatal care. Fathers with diagnosed psychiatric disorders and those with visual and/or hearing impairments were excluded. Considering the importance of the details of the speeches, the fathers who refused to have the interview recorded on audio were also excluded.

The participants were selected for convenience.⁷ Data were collected through a single, individual interview with the fathers selected in the unit, in a reserved place and at the most convenient time for them. With the consent of the interviewees, all interviews were recorded so that the richness of the data was not lost to guarantee the full record of the speeches - an important condition for further analysis. The content of the data was collected through saturation.

The instrument had data for characterization of the fathers (age, origin, marital status, income, education) and newborns (days of hospitalization, birth weight, current weight, gestational age, according to Capurro or Ballard method), and the guiding question of the semi-structured interview was: "tell me how it has been for you to have your child admitted to the neonatal intensive care unit". This question was a guiding thread for the apprehension of the father's feelings about the son's hospitalization experience and the father's own needs. NB data were collected from the consultation of medical records, to understand the scenario of hospitalization on the day of the interview.

Before the beginning of the interviews, the data collection instrument was tested with three fathers, making the necessary adjustments regarding the guiding question and approach strategies. We did not include these three participants in the study.

The fathers' reports were transcribed in full, considering the speeches, pauses, and details. After the transcription, the material was submitted to the "thematic content analysis", recommended by Minayo⁸, which included: pre-analysis (floating, exhaustive, representative, homogeneous and pertinent to the study objective); the exploration of the material (encounter of categories that are significant expressions or words in the participant's speech); treatment of the results obtained and interpretation.⁸ In this phase, the data were organized into categories, analyzed and interpreted according to a literature review.⁸ The fathers are identified with the letter "E" followed by the number assigned to each one, according to the sequence of performance from the interviews: E1, E2, E3, and so on, up to participant E21.

For the discussion of the data, we carried out a literature review with studies based on exact and inaccurate descriptors, such as "father, newborn, neonatal intensive care units, neonatal Nursing, paternal feelings in a neonatal intensive care unit". The search for the studies was carried out in databases such as *Scielo Brasil* (<http://www.scielo.br>), *Lilacs* (lilacs.bvsalud.org), Medline through the Bireme website (<http://bases.bireme.br>), Pubmed (<https://www.ncbi.nlm.nih.gov/pubmed/>), and Scopus (<https://www.scopus.com>).

The study was in compliance with Resolution 466/2012 of the National Health Council (*Conselho Nacional de Saúde -*

CNS), and the Research Ethics Committee of the *Universidade Estadual de Campinas - UNICAMP* assessed and approved it with CAAE 50873215.9.0000.5404. The fathers were informed about the research objectives and participated after reading, understanding and signing the Informed Consent Form (ICF), done in two copies so they have one copy for them.

RESULTS

Twenty-one fathers were interviewed aged from 18 to 49 years old. Most of them came from *Campinas - SP* (n = 13) and had a partner (n = 17), receiving up to three minimum wages (n = 13) and having completed elementary school (n = 19). On the day of the interview, the children's hospitalization days ranged from one to 110 days. Most newborns were male (n = 13), with birth weight ranging from 640 g to 4,250 g and gestational ages from 25 to 41 weeks. Most patients were born at term (n = 11). The medical diagnoses that justified hospitalization were: physiological jaundice, hyaline membrane disease, respiratory distress, hypoglycemia, and hypothermia. When the fathers were interviewed, most NBs (n = 13) were under intensive care.

From the content analysis of the fathers' speeches, three categories emerged: a) fatherly feelings; b) hospitalization as an arduous experience; c) coping with hospitalization through faith. The categories are shown below.

FATHERLY FEELINGS

In this category, these subcategories emerged: anguish, fear, impotence, love, joy, and gratitude.

ANGUISH

Most of the fathers experienced the feeling of anguish related to the feelings of concern and distress at the time of their NB's hospitalization. Their speeches reflected experiences throughout the hospitalization, the treatments performed, the consequences for the future and the regret for feeling that they cannot effectively help with the child's treatment:

[...] As a father, I am always worried, right? Even more that it is not something that you can take and make it, right? It depends on... on Medicine and depends on other things. It is more complicated (E5).

It's like a shock, but just a little anger, like anguish in the heart, right? Because we are very thoughtful if something can happen if there can be any sequel (E14).

FEAR

The fathers reported the fear linked to uncertainties about the future, the need for specialized and monitored care, the ICU environment, and possible sequels of the child:

[...] I think that the biggest thing is the fear of what we have to do, what we are going to do, what is going to happen, what procedures do I have to, do I have to follow? Will he have a sequel, will he not? (E15).

Fear, I am quite afraid too. We get scared because it's our son, right? Like it or not, it's a piece of us there, right? I am shocked to see the ICU situation (E21).

IMPOTENCE

There were reports related to the feeling of helplessness since the fathers realize that there is no way to meet the needs of the child or take him home when that is his greatest wish. They feel like someone who cannot help, cannot take care of what the child demands or understand what is happening. The fathers also understand what their child is experiencing through professional explanations, which are usually cited through the figure of the doctor:

We want to take him away, but we know he has to stay here. And we come, see how he is and [...] I know that I can't help (E16).

To see the baby there. And crying. You may be in pain or not, right? Because it is a very small baby, there is no way to speak [the newborn does not communicate]. Then you feel kind of unable to do anything, right? Then it is only from the doctor who tells you what is happening (E17).

LOVE

The statements also bring the feeling of fatherly love throughout the hospitalization experience with the recognition that love helps the child to recover:

The feeling I have today is really a feeling of love. It is a feeling of hope and I believe that in the end, everything will work out. [...] I think that when you have the love, the hope, the faith, they are feelings that really convey this even to... the baby too, in a certain way. And I think it even helps him, too, like, in his recovery (E12).

JOY

The father's experience is also permeated by the feeling of joy associated with being present during the birth and with the evolution during hospitalization, a joy that is also in a range of oscillation with sad events:

So, I followed the nurses cleaning her, measuring her, weighing her, she kept looking at me with that look. I took a photo [at the birth of her newborn], so it was an inexplicable joy (E4).

Each day was a [...] joy. Sometimes a sadness, sometimes leaving ventilation and having to return again (E8).

GRATITUDE

Gratitude was a very present feeling in the statements, both for the care offered by the health professionals (with emphasis on the medical team) at the unit and for the opportunity to experience fatherhood due to the previous experience of loss. The speeches revealed that the main care figure recognized by the fathers is the doctor, especially in the male gender:

We are grateful. My wife and I talk a lot. And we are very grateful to [name of the institution] for the neonatal sector. So, if it weren't for them, maybe, we wouldn't have the [daughter's name] either? That we have today, so we feel more grateful, calm. [...] Because of the other pregnancies, it was very frustrating for us to have lost them [...] The only concern we had on the day of her birth [current son] was to see if she was breathing. [...] We end up making an extra effort because it was a gift that we always wanted. So, we go to great lengths to be here (E2).

Then the doctors calm us down. You see daily that things are going well, right? The child evolves. Then it calms our hearts more, right? (E13).

HOSPITALIZATION AS A HARD EXPERIENCE

All fathers began their interviews by saying that hospitalization is a "difficult" experience because they need to move daily to be with their child, have to work in the midst of the hospitalization situation, feel divided by having to leave other children at home and also need to go out of the hospital leaving the child hospitalized:

But here [...] It is a little difficult for me to be there and here every day. And worried there with them and here [...]

For me it's been difficult. I need to work, I have to work every day, then I have to pay attention at work and at home, right? And thinking about her here too. It is very [...] difficult for me. A little (E7).

And the fact of being hospitalized [the daughter] is a little bit boring. It is difficult to come, we live far away [...] and we have to leave the other little ones at home. [...] We have to go and leave her, sometimes my heart hurts. It makes you want to go and take her (E19).

COPING HOSPITALIZATION THROUGH FAITH

The speeches revealed that parents believe in a greater force, which leads to better acceptance and understanding of the experience of hospitalization and treatments are done. Faith in God also gives them hope for their child's improvement and discharge. Some statements also brought analogies between doctors and God, because only the doctor offers information and support to the father.

[...] As my wife and I are Catholics, we have a lot of faith in God. So we believe that [...] a miracle will happen. [...] We believe in God. So, we [...] know [...] miracles. Miracle happens. So, he [the son] will still have, will have his miracle. He will improve (E1).

And [...] what I say, is [...] for those who have children in the ICU, look for God a lot. Because we have to look for God a lot. Because in those hours, God trains all possible doctors to intercede on our daughter. Because of doctors, the doctors are Him, you know? So, we have to look for God a lot. Get attached to God a lot (E21).

DISCUSSION

Throughout the experience of having a hospitalized child in a NICU, the father experiences the feeling of **anguish**, also including concern, as shown by the interviewees' statements. According to other studies, a premature birth, uncertainties about how they will find the child in the unit and the separation between child and family make parents feel threatened and insecure, especially because they happened unexpectedly.⁹⁻¹¹

Men are not yet fully included in health care during prenatal, childbirth, puerperium until they reach neonatal care.⁹ This shows that health professionals must recognize the needs of men in their paternal role, in all phases, healing their doubts, listening to fears, talking about the possibilities of birth and about what a NICU is, preparing them for complications

that may occur, in the sense of recognizing them, as well as recognizing mothers as main characters in this story.^{9,12}

The **fear** is explicitly related to the future and sequels of the newborn, special needs, and the environment of the neonatal unit, in which the literature corroborates this finding. Hospitalization occurs abruptly for many of them and the NICU environment is an additional frightening factor, in which there are devices, sounds, and lights that parents do not know their meaning or importance.^{9,13,14} They often do not fully understand the reason for the hospitalization and experience uncertainties about the prognosis.¹⁴ Fathers of low-weight newborns and/or using devices and equipment are generally afraid to participate in their care, as well as to touch something incorrectly.⁹ This fear can be mitigated or reinforced by the health team.

Thus, the health professionals and especially nurses as providing 24-hour care to newborns should be concerned with including fathers in the daily care of their child. They must clarify diagnoses and treatments, each equipment connected to their newborn, forecasts of the change in therapy, encourage them to take care of the bath, diaper changes, and milk offerings, humanizing the assistance and welcoming the fathers' feelings.^{12,13}

The literature reveals that more knowledge about the NB, its care and current treatment provides security and confidence for health professionals, which is passed on to parents, making them safer. So this contact and dialogue with parents must occur daily, from the moment of the newborn's admission to the NICU until the day of hospital discharge.¹⁴

Impotence is a feeling that comes from the perception of a lack of control over a situation, with the impression that their actions do not significantly affect the result. This feeling was mentioned numerous times by the participating fathers when they mentioned the child's hospitalization situation. Converging with the literature, fathers described their impotence related to the fact that the child cannot go home immediately, that they cannot accompany this moment of fragility together with the mother, especially because of their concern with work and other children.¹⁰

They feel as if they are not performing their role as a zealous father and responsible for solving family problems.¹⁵ Thus, the investigation of the possibilities of the father's participation and favoring such participation in neonatal care, and providing clear and accurate information about the son, will make the father feel safer, with autonomy to participate in the care, developing a feeling of competence and the construction of the perception about his father's contributions.¹¹ The health team must help him to understand that his contributions are countless and can also go beyond direct care to the newborn.

Fathers also experience love when they are able to be present in the neonatal unit, taking care of the child in some way, guaranteeing and encouraging protection and well-being.^{9,11,16} They consider that their feelings help the child's development and recovery and this shows the urge to stimulate their presence in the unit.

As a feeling related to children, **joy** is contentment that encompasses the fulfillment of dreams projected on the child, as well as satisfaction for his comfort. In the neonatal hospitalization unit, this feeling is experienced when the father follows a satisfactory daily evolution, being present at decisive moments. It is also associated with the moment when the father sees his newborn as if it were the first time every day and feels that he has become a father.^{12,16}

In this study, the fathers described a feeling of **gratitude** to the health professionals at the neonatal hospital. The speeches showed that this gratitude is often associated with "doctors", in the male gender, for the care offered to the child and also for providing information, although most of these professionals in the unit are female, which can relate to gender issues rooted in our culture or just to use the masculine to define the plural. The fact that fathers always mention male "doctors" is also a significant fact, as it is a unit with a large contingent of Nursing professionals who interact with parents frequently, also the majority of whom are female.

The gratitude expressed by the fathers can be related to the fact that they recognize the competence of the professionals who work in their children, which gives them credibility and security. Gratitude was also present in the statements, for the opportunity to experience fatherhood after the previous loss of a child. Thus, these data reinforce the relevance of the multi-professional neonatal health team paying attention to the fathers' history, their needs, as well as the prompt provision of information, receptive and friendly treatment, as this generates an attitude of trust, in addition to other positive feelings, alleviating the suffering related to the experience of children's hospitalization.¹³

We did not find studies reporting this recognition by doctors as forcefully as significant professionals for parents in the neonatal unit, showing an aspect to be further investigated in other studies, especially for understanding the reason for describing them in the male gender. Further studies would help to understand this selective recognition in the midst of a multi-professional team.

Hospitalization as an arduous experience has also been found in the literature. The word "difficult" was mentioned frequently by the fathers since they go through this experience perceiving it as a complex, incomprehensible, laborious and obscure process.

The fathers are not able to follow their children's evolution as they wish because they work and their working hours do not coincide with the institution's hours or even with their transportation possibilities. They also experience economic, social and family problems due to the fact that the woman is not at home and also because she has other children to care for. Also, they are also afflicted by having to leave the hospital and leave their child in the hospital, not being sure that he will be alive the next day.⁹

In this scenario, the fathers' support network must be recognized and activated so that they feel supported, both in the role of going out and staying with the other children at home, offering them more opportunities to be in the hospital. There is also a need for a change in labor rights for the paternity leave, as fathers are negatively affected by having only five days of leave, especially when their children are hospitalized.¹⁷ The support and empathy of neonatal professionals in offering detailed information about the hospitalized NB, either with the physical presence of the father or by telephone, at a time that is convenient for him are also remembered as valuable interventions in humanized care for the family.¹⁰ All these measures try to make this phase of hospitalization less complex and stressful as possible for fathers.

Coping hospitalization throughout faith is present in most of the interviewees' statements, including with some parents comparing doctors to God, as if they were their representatives. This is because they want to be strengthened by a superior force to face the difficult moment they are going through, as well as obtaining the desired result: the discharge of a healthy child.

Faith transmits a message of strength, comfort, conviction, encouragement and, mainly, hope for the journey.^{12,14} In neonatal care, no articles were found that described this comparison between doctors and God, which was established by the participating parents. This may also require further investigation in future studies.

The institution should offer spaces and opportunities for fathers to exercise their faith, as well as request visits to the newborn from religious representatives, and to religious counseling for these fathers.

Both in Brazilian culture and in others, we can see the legacy of the patriarchal system of the organization of society and family. In other words, the interviewed fathers reported that, because they are men, it is necessary to be stronger than the woman to support her. They also mentioned that they cannot demonstrate weaknesses and should be the pillar and provider of the family. This causes them to omit or minimize their needs and feelings.^{10,14,15,18} But despite this historical model, some fathers were able to talk about their feelings towards their child.

Considering all this information, health professionals must consider the father's needs in the neonatal hospitalization unit to provide comprehensive and humanized care to the family, giving opportunities for expression of insecurities and feelings, and including them as a focus of care and not just as a newborn care provider. Thus, fathers will perceive the neonatal unit as a place of trust, where they can demonstrate fears and vulnerabilities, as they will be received, heard and included, as well as mothers.^{10,19}

The data collected may have been limited by the fathers' difficulty in expressing regarding their children's hospitalization experience, which was configured as garbled speeches, numerous pauses and repetitions of the same content when they were asked to address a topic more clearly or to do the additions they wanted. This limitation may be related to the low level of education of the interviewees, and the discomfort of addressing subjective aspects of their experiences since they exercise little of this type of approach in the daily context of men. Another limitation was the failure to establish a minimum time for newborns to stay in the neonatal unit that may have hinder to apprehend the fathers' experiences.

FINAL CONSIDERATIONS

The speeches of the fathers brought feelings and experiences on the child's hospitalization that should be investigated by health professionals and considered in their care plan. The aim is to intervene in what triggers suffering and enhance what strengthens the father's self-confidence and the positive aspects of the experience. There is also a need to understand the individuality of each experience, in which unexpected feelings for the team are part of the life of the individual and family.

Although it has not been recognized by most of the fathers as a source of support, the Nursing team has a privileged condition to identify paternal needs since it is the professionals who establish the rapprochement between parents and newborns, promoting the stimulation of the bond, and they are in constant contact with both and can be facilitators so that paternity in hospitalization can be experienced in a more positive way. Thus, intentional and directed care for parents can mitigate negative feelings and favor the positive ones that emerged in the speeches of the fathers of this study, such as love, joy, and gratitude.

Some findings need further investigation and may inspire other studies such as the fact that the fathers of the neonatal unit recognize the medical performance among them with such supremacy, talking about these professionals always in the male gender and establishing direct connections with God. These findings also showed the fragility of the performance

of other professional categories, such as Nursing, during interactions and dialogues with family members.

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